FOR INSTRUCTIONS, SEE BACK OF FORM	IA Francisco
CHECK ONE:	A ETHICS AND FORM STATEMENT
☐ This is an initial* Statement of Organization	DR-1 OF
This is an amended* Statement of Omenimotion	(Rev. 94/2008) CRGARIZATION
*An initial Statement of Organization must be filed within 10 days of the	2008 MAY 19 AN IO For Office Use Only 12-7
The state of the s	MODITE MUST be block within 20 down at the C.
a Grange. Ferralities may be imposed for late-filed Statements of Omenia	etion A condidate with an analy
Currillities that exceeds \$750 in activity for another office shall file within t	10 days either a new or amanded
DR-1 disclosing information concerning the campaign for the new office s	ought.
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the	ne candidate's last name in the name of the committee)
IMPORTANT: Indicate type of committee you are reporting for:	presentative
(1) Statewide/Legislative/Judge Standing for are reporting for: (5) County Condition (6) Other Condition (7) County Condition (6) Other Condition (7) County Condition (6) Other Condition (7) County Condition (7)	2) 104-4
: / A type introduction of the continue of the control for the control of the con	POMPON Subdivision Condidate / D \Casset, DAG / A \Green DAG
(10) School Board or Other Political Subdivision PAC (11) Local Be	illot lesue (including committee involved in multiple city/county ballot lesues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Carolee Kern	Name + Carolun Pilcher
Mailing Address	Mailing Address \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2704 Kenwood	- 1201 Hammind Alk.
I City. State ↓ ↓ Zin Code ↓ ↓	City State Zin Code
OTTUMWa Ta 52501	OTTUMWa, Ia.5250
Phone (641) 684-8235	
111016 W-11 1084-0722	Phone (64) 682-0504
e-Mail	e-Mail
INDICATE PURPOSE OF COMMITTEE - Check One Box	Vocate for/against candidate(s) Advocate for hallot issue(s)
Comment or description:	Advocate against ballot issue(s)
All Candidates Enter:	
Office Sought: State Represent	a CWE.
Political Party (if applicable) Democret	County:
DA.	(If active in multiple ballot issue elections, attach list of counties
District: 43	Date of Election: 11/04/08
Year Standing for Election: 2008	
Bank Account Name (must match committee name)	Candidate name & Address or Parent Entity (PACs, if applicable).
1	↓ ↓ <u>Affiliate, or Sponsor</u>
1	↓ ↓ <u>Affiliate, or Sponsor</u>
Bank Account Name (must match committee name) Los KILL For State Representation of Financial Institution/type of Account	↓ ↓ <u>Affiliate, or Sponsor</u>
Goskill For State Represent	Affiliate, or Sponsor Mary Gaskill Mailing Address
Gaskill for State Representa Name of Financial Institution type of Account 11 South Ottumwa Savings Bank	Mailing Address 1/1 509 £ 4th St.
Caskill for State Representation of Financial Institution type of Account \$1 \\ South Ottumua Savings Bank Mailing Address \$1\$	Affiliate, or Sponsor Affiliate, or Sponsor Affiliate, or Sponsor Affiliate, or Sponsor $509 \pm 4 \pm 5t$. City $\downarrow \downarrow$ State $\downarrow \downarrow$ Zip $\downarrow \downarrow$
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Caskill for State Representation of Financial Institution type of Account \$1 \$\ \text{South Ottumwa Savings Bank Mailing Address \$1 \$\ \frac{320 \text{Church Street}}{\text{City} \$1 \$\frac{1}{2}\$ \$\text{State} \$\frac{1}{2}\$ \$\text{Ip} \$\frac{1}{2}\$ \$\text{Ip} \$\frac{1}{2}\$	Affiliate, or Sponsor Affiliate, or Sponsor Affiliate, or Sponsor Affiliate, or Sponsor $509 \pm 4 \pm 5t$. City $\downarrow \downarrow$ State $\downarrow \downarrow$ Zip $\downarrow \downarrow$
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Caskill for State Representation of Financial Institution type of Account \$1 \$\ \text{South Ottumwa Savings Bank Mailing Address \$1 \$\ \frac{320 \text{Church Street}}{\text{City} \$1 \$\frac{1}{2}\$ \$\text{State} \$\frac{1}{2}\$ \$\text{Ip} \$\frac{1}{2}\$ \$\text{Ip} \$\frac{1}{2}\$	Affiliate, or Sponsor Affiliate, or Sponsor Mailing Address $1/1$ 509 ± 14 State $1/2$ OTTUMWA IA 52501 Phone (646 682-6417
Caskill for State Representation Name of Financial Institution Type of Account \$\frac{1}{2}\$ South Ottumwa Savings Bank Mailing Address \$\frac{1}{2}\$ Mailing Address \$\frac{1}{2}\$ City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ Cottumwa Ia 5250/	Affiliate, or Sponsor $Affiliate, or Sponsor$ $Affiliate, or Sponsor$ Mailing Address $1/4$ $509 \pm 4\%$ City $1/4$ State $1/4$ $1/4$ Phone (646 682-6417 e-Mail
Askill for State Representational Institution Type of Account \$\frac{1}{2}\$ South Ottumula Savings Bank Mailing Address \$\frac{320}{2}\$ Church Street City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ Zip \$\frac{1}{2}\$ City \$\frac{1}{2}\$ State \$\frac{1}{2}\$ State \$\frac{1}{2}\$ State \$\frac{1}{2}\$ STATEMENT OF AFFIRMATION: By filling this document the committee and \$\frac{1}{2}\$ STATEMENT OF AFFIRMATION: By filling this document the committee and \$\frac{1}{2}\$ STATEMENT OF AFFIRMATION:	Affiliate, or Sponsor Affiliate, or Sponsor Mailing Address $1/1$ 509 ± 4 State $1/1$ City $1/1$ State $1/1$ Phone (646 682-6417 e-Mail Firms the following:
Askill for State Representational Institution Type of Account \$\frac{1}{2000}\$ South Ottumula Savings Bank Mailing Address \$\frac{320}{2000}\$ Church Street City \$\frac{1}{2000}\$ State \$\frac{1}{200}\$ To Tumula \$\frac{1}{200}\$ State \$\frac{1}{200}\$ State \$\frac{1}{200}\$ STATEMENT OF AFFIRMATION: By filling this document the committee and 1. The committee and all persons connected with the committee understand the	Affiliate, or Sponsor $Affiliate, or Sponsor$ $Affiliate, or Sponsor$ Mailing Address $1/4$ $509 \pm 4\%$ City $1/4$ State $1/4$ $1/4$ Phone (646 682-6417 e-Mail
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Answer of Financial Institution/type of Account South Ottunua Savings Bank Mailing Address Mailing Address State I Zip I I City I State I Zip I I STATEMENT OF AFFIRMATION: By filing this document the committee and 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code. 2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of discless the candidate or chairperson (in the case of committees other than a composition of other criminal and civil sanctions. 3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require to materials except for those items exempted by statute or rule. A committee that	Affiliate, or Sponsor Mailing Address State State
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